North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services
3001 Mail Service Center • Raleigh, North Carolina 27699-3001
Tel 919-733-7011 • Fax 919-733-1221

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary
Richard J. Visingardi, Ph.D., Director

January 16, 2003

MEMORANDUM

TO: Area Program Directors
Area Program Board Chairs
North Carolina Council of Community Programs
County Managers
County Commission Chairs
North Carolina Association of County Commissioners
Legislative Oversight Committee Members
Consumer/Family Advisory Committee Chairs
Advocacy Organizations and Groups
Provider Organizations
MH/DD/SAS Professional Organizations and Groups
MH/DD/SAS Stakeholder Organizations and Groups
Other MH/DD/SAS Stakeholders

FROM: Richard J. Visingardi, Ph.D.

RE: **Communication Bulletin # 006**
Community Hospitals

The purpose of this communication is to highlight the importance of the unique role that local hospitals play in assisting area programs/LMEs to carry out their mission. To appreciate their importance, one only needs to consider the fact that the local hospital emergency room is, generally, the place where, by design or default, people in psychiatric crisis present. In view of this, it is expected that local community hospitals will be involved in the development and implementation of the strategic local business plans (LBPs). Since the local business plans could affect the hospitals as health care delivery systems, involvement should include the hospitals' strategic or policy level staff.

There is a great deal of reform-related emphasis in the areas of access and responsiveness, development of a comprehensive provider network and the transition from state operated facility-based services to community-based services. The following three key considerations could or should involve the community hospitals:

- **Access System:** A good number of individuals in crisis present at the community hospitals. Therefore, community hospitals, whether or not they have inpatient behavioral units, should be considered as a viable component of the communities' access system. This could include screening/evaluation, inpatient admission and alternatives to inpatient services for individuals in crisis who meet medical necessity criteria.

- **Provider Network:** Along with the inpatient/crisis services that may be offered, there are other types of community-based services that the community hospitals may have the expertise to develop or provide. Community hospitals may consider developing capacity in other community-based service modalities such as day treatment, in-home care and consultation, etc. This would facilitate the expansion of community capacity starting with the clinical expertise and existing administrative infrastructure in place at the community hospitals. The services would be expected to comport with the fidelity of best practice models in mental health and substance abuse.

- **Community Resource:** Regardless of whether community hospitals desire to be a part of the access system or provider network, they are a valued community resource. There is a need to recognize and develop a system that assures timely, and appropriate response to individuals in psychiatric related crisis who present in local hospital emergency rooms. Support from the area programs will be critical in planning for these services, and on-going local planning should reflect that community hospitals have been invited to actively participate as a stakeholder system and a service provider.

The Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) has formed a task force including representation from the community hospitals in North Carolina. The purpose of this task force is to identify and problem solve policy barriers to the valued and necessary inclusion of the community hospitals as a partner in systems reform. The efforts of the task force will include other stakeholders as relevant issues are identified. Developments by the task force will be shared with the field as they occur.

Questions regarding this correspondence should be directed to Mr. Don Willis, Chief of Administrative Support, Division of MHDDSAS, 3001 Mail Service Center, Raleigh, NC 27699-3001. Mr. Willis can also be reached by telephone at (919) 715-1294 or by e-mail at don.willis@ncmail.net

Thank you.

RJV

cc: Secretary Carmen Hooker Odom
Lanier Cansler
James Bernstein
DMH/DD/SAS Staff